

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031897

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1232

STATE FILE NUMBER

FILED SEP 5 1963

1. PLACE OF DEATH

a. COUNTY

Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)

D.O.G. Springfield

Length of stay in 1b

years

c. FULL NAME OF (If NOT in hospital, give location)

D.O.G. Burge Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Greene

c. CITY

OR

TOWN

Springfield

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

1665 E Turner

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Harry

Middle

D

Last

Ayres

4. DATE

OF

DEATH

Month

Aug

Day

28

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married

☒ Never Married ☐

8. DATE OF BIRTH

9/10/1889

9. AGE (last birthday)

73

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Collection agent

11. BIRTHPLACE (City and state or country)

neb.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

E. Ayres

13b. MOTHER'S MAIDEN NAME

Kate A. Witcher

14. NAME OF HUSBAND OR WIFE

Angie S. Ayres

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) If yes, give war or dates of serv

no name

17. INFORMANT

Angie Ayres

Address

Springfield, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Probably Coronary thrombosis - D.C.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE - HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1953

to Present

and last saw him alive on 17 Aug. 63

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Henry F. Knapp Jr. M.D.

22b. ADDRESS

163071 Jefferson

Springfield, Mo.

22c. DATE SIGNED

8/30/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

8/30/63

23c. NAME OF CEMETERY OR CREMATORY

East Lawn Cemetery

23d. LOCATION (City, town, or county)

Springfield, Missouri

24. FUNERAL DIRECTOR

Chapel of the Ozarks Inc.

ADDRESS

Springfield, Missouri

25. DATE RECD. BY LOCAL REG.

9-3-63

26. REGISTRAR'S SIGNATURE

Bernie Medley

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

AFFIDAVIT OF

8/29/63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donovan P. Lechin

Licensed Embalmer No. 5157

P. O. Address Springfield, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.